

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Applicant:

Anat ACHIRON et al

Serial No.: 10/507,380

Filed: July 18, 2005

For: PERIPHERAL BLOOD CELL MARKERS  
USEFUL FOR DIAGNOSING MULTIPLE  
SCLEROSIS AND METHODS AND KITS  
UTILIZING SAME

Examiner: DUNSTON, JENNIFER ANN

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Group Art Unit: 1636

Attorney  
Docket: 28594

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Enclosed is a PTO Form 1449 which lists citations which may be material to the patentability and examination of the above identified application. Also enclosed are copies of the references cited. These are submitted in compliance with the duty of disclosure defined in 37 CFR 1.56. The Examiner is requested to make these citations of official record in this application.

This Supplemental Information Disclosure Statement under 37 CFR 1.56 is not to be construed as a representation that a search has been made, that additional matter which is material to the examination of this application does not exist, or that any or more of these citations constitutes prior art.

Respectfully submitted,

*Martin D. Moynihan*  
Martin D. Moynihan  
Registration No. 40,338

Dated: October 15, 2006

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. this collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

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<sup>1</sup>. Applicant's unique citation designation number (optional). <sup>2</sup>. Applicant is to place a check mark here if English language Translation is attached.

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